## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/553923

Г		CI AIME	AC EU ED	24.00					<u> </u>	<u> </u>	0001	
	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHE	R THAN
	S NATIONAL	STACE EEFO	(Colu	mn 1)		(Column 2)	7	TYPE		0	R SMALI	ENTITY
U.S. NATIONAL STAGE FEES					<u> </u>			RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		↓	RGE ENT. = \$ 300		BASIC FEE	150	OF	R BASIC FEE	
EXAMINATION FEE			(4) = \$5	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		other situations = \$ 100 / \$ 200		EXAM. FEE	100	7	EXAM. FEE	<del>                                     </del>
SEARCH FEE			ALL other or	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE	200	7	SEARCH FEE	1
FEE FOR EXTRA SPEC. PGS.			90 mir	90 minus 100 =		/50 ≐		X \$ 125 =		1	X \$ 250 =	<del> </del>
TOTAL CHARGEABLE CLAIMS			71 m	71 minus 20 =		. 51		X \$ 25 =	1275	OR		╂
INDEPENDENT CLAIMS			10 minus 3 =		_	7		X \$ 100 =		OR	<b></b>	<del> </del>
		IDENT CLAIM PR						+ \$ 180 =	700	OR		<del> </del>
• If	the differenc	e in column 1 is	less than zen	ess than zero, enter "0"		olumn 2	L	TOTAL	2425	OR	TOTAL	<del> </del> -
		CLAIMS AS	AMENDED	- PART	- 11 ·			•		• .		L
0-	19-05	(Column 1)		(Column 2) (Column 3)				SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	]	RATE .	ADDI- TIONAL FEE
	Total	7/	Minus	**		=	Γ	X \$ 25 =		OR	X \$ 50 =	
	Independent	. 19.	Minus	***		=	T	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	,
•	••						<b>-</b>	OTAL ADDIT. FEE		OR	TOTAL ADDIT.	
_		(Column 1)		(Colum	<u> </u>	(Column 3)						
		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		Ė	Γ	X \$ 25 =		OR	X \$ 50 =	
	ndependent	• .	Minus	***	·	=	1	<b>( \$ 100 =</b>		OR	X \$ 200 =	
$oldsymbol{\perp}$	FIRST PRES	ENTATION OF MI	JLTIPLE DEPE	NDENT CL	AIM		Ι,	\$ 180 =		OR	+ \$ 380 =	
				***		· .	_	TAL ADDIT. FEE		L	TOTAL ADDIT.	
••• H	the "Highest Nur	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid i	For IN THIS SPA	CE is less th	an 20,		ihe aj	_	n column 1.		FEE L	